


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017227 1. Entity Name CONCEPTO ESTRATEGICO MARKETING Y COMUNICACION LLC	
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Principal Place of Business AQU. 104 C/C 137 RES. PISCIS 103-81 URB. COMORUCO VALENCIA, CARABOBO, NA 2001 VE	Mailing Address AQU. 104 C/C 137 RES. PISCIS 103-81 URB. COMORUCO VALENCIA, CARABOBO, NA 2001 VE
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DO NOT WRITE IN THIS SPACE



09082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 98-0380860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ACTIVEFILINGS, LLC
10651 NE 11 COURT
MIAMI SHORES, FL 33138

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PINEDA, CARLOS AV. 104 C/C 137 RES. PISCIS 103-81, VALENCIA, CARABOBO, NA 2001
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09/21/04-80002-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carlos Pineda Date _____ Day/Time Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE